

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

Date of Meeting: Wednesday, October 12, 2005

Preferred Drug List Final

Date Posted: October 26, 2005

AHFS Drug Class Reviewed: ANTI-INFECTIVES

Subclasses Reviewed

Macrolides

Ketolides

AHFS Drug Class Reviewed: EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

Subclasses Reviewed

Antiallergic Agents

Vasoconstrictors

New Drug Reviews by Subclasses

Miscellaneous Skin and Mucous Membrane Agents–ALDARA®

Topical Antibacterials–CLINDESSE®

Antiprotozoals–TINDAMAX®

Proton Pump Inhibitors–ZEGERID®

AHFS Drug Class Re-reviewed: ANALGESICS AND ANTIPYRETICS

Subclasses Reviewed

Opiate Agonists

Opiate Partial Agonists

AHFS Drug Class Re-reviewed: SKELETAL MUSCLE RELAXANTS

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Macrolides	All covered products	E.E.S.*	BIAXIN*
Single Entity		ERYC*	BIAXIN XL*
		ERYPED*	DYNABAC
Ketolides		PCE	E-MYCIN*
		ZITHROMAX	ERY-TAB*
		ZMAX	ERYTHROCIN*
			ILOSONE*
			KETEK
			TAO

* Denotes generic
available in at least
one
dosage form or
strength

Drug name denotes all
dosage forms and
strengths unless noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Macrolides Combination	All covered products	None	PEDIAZOLE*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Eye, Ear, Nose, and Throat (EENT) Preparations Antiallergic Agents	All covered products	ELESTAT LIVOSTIN OPTIVAR PATANOL ZADITOR	ALAMAST ALOCRIL ALOMIDE ASTELIN EMADINE CROLOM* OPTICROM*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Eye, Ear, Nose, and Throat (EENT) Preparations Vasoconstrictors	All covered products	TYZINE	ALBALON* MYDFRIN* NAPHCN FORTE* PHENOPTIC*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Narcotic Analgesics	All covered products	None	ACTIQ ALFENTA* ALOR* ANEXSIA* B & O SUPPRETTES* BANCAP HC* CAPITAL W/CODEINE COMBUNOX DALGAN DARVOCET* DARVON* DARVON COMPOUND* DEMEROL* DEPODUR DHC PLUS DILAUDID* DOLOPHINE* DURAGESIC* DURAMORPH EMPIRIN/CODEINE ENDOCODONE FENTANYL ORALET FIORICET W/CODEINE* FIORINAL W/CODEINE* HYCET INFUMORPH LEVO-DROMORAN* LORCET* LORTAB* MAXIDONE MEPERGAN MS/L* MS/S* MSIR* NORCO* NUBAIN* NUMORPHAN ORLAAM OXYFAST* OXYIR* PANLOR PERCOCET* PERCODAN* PERCOLONE*

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PHENAPHEN
W/CODEINE
PROCET*
REPREXAIN
ROXANOL*
ROXICODONE*
STADOL*
SUBLIMAZE*
SUBOXONE
SUBUTEX
SUFENTA*
SYNALGOS-DC
TALACEN*
TALWIN
TALWIN COMPOUND
TALWIN NX*
TYLENOL W/CODEINE*
TYLOX*
ULTIVA
ULTRACET*
ULTRAM*
VICODIN*
VICOPROFEN*
VOPAC
XODOL*
WYGESIC*
ZYDONE

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Skeletal Muscle Relaxants	All covered products	None	DANTRIUM* FLEXERIL* FLEXOJECT* LIORESAL INTRATHECAL* LIORESAL* MAOLATE NORFLEX* NORGESIC* NORGESIC FORTE* PARAFLEX* PARAFON FORTE* ROBAXIN* ROBAXISAL* SKELAXIN SOMA* SOMA COMPOUND* SOMA CMPD W/CODEINE* ZANAFLEX*
* Denotes generic available in at least one dosage form or strength			
Drug name denotes all dosage forms and strengths unless noted			

DRUG CLASS**PREFERRED
GENERIC/OTC****PREFERRED
BRAND****NON-PREFERRED
BRAND**

**Miscellaneous
Skin and Mucous
Membrane Agents**

All covered
products

SEE POSTING
FOR
August 11, 2004
P&T MEETING

ALDARA

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DRUG CLASS

**Topical
Antibacterials**

**PREFERRED
GENERIC/OTC**

All covered
products

**PREFERRED
BRAND**

SEE POSTING FOR
January 26, 2005
P&T MEETING

**NON-PREFERRED
BRAND**

CLINDESSE

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one dosage form or
strength

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strengths unless
noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Antiprotozoals	All covered products	SEE POSTING FOR January 26, 2005 P&T MEETING	TINDAMAX

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Proton Pump Inhibitors	All covered products	ZEGERID	SEE POSTING FOR August 11, 2004 P&T MEETING

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